

while in several cases there was a fall of pressure, and in the remaining there was no change; and (2) that not infrequently a normal diurnal variation of considerable range occurs—I think we must say that, so far as these cases are concerned, the internal administration of digitalis does not raise the blood pressure in man by constricting the peripheral vessels. This is directly contrary to the belief which has hitherto been held without questioning by the profession at large, and the view which is found in the textbooks of pharmacology and therapeutics, and is taught in the medical schools.

Upon what evidence has the belief rested? So far as I can discover from the literature of the subject, with the exception of Sir Lauder Brunton's observations by means of the sphygmograph upon himself, the belief has rested entirely upon experiments upon animals, and animals which were in normal health.

Now, as I have pointed out before, although it may be proved that a particular drug has a certain action on an animal, especially a healthy animal, it does not necessarily follow that it has the same action on a human being, especially with a diseased condition. The experimentalist, in order usually to get his result within a few hours, usually employs extremely large doses. Also, the reaction of a drug is influenced by the nature of the lesion. Furthermore, in regard to blood pressure we should remember that in man, in order that the upright posture may be maintained, the vaso-constrictor mechanism is much more perfect than in the lower animals. Anyhow, I submit that these investigations go to prove that, judged by the methods in use for observing the blood pressure clinically, the internal administration of digitalis does not raise the blood pressure in man by constricting the peripheral vessels. Hitherto therapeutists have been afraid of administering the drug in cases of cardiac failure in which there is extensive degeneration of the arterial coats, for fear of rupture of their walls and apoplexy, or where cardiac dilatation is associated with increased arterial tension from disease of the arterial coats and of the kidneys. Some have tried to get over the difficulty by prescribing along with digitalis some appressor, such as sodium nitrite or nitro-glycerine, in order to dilate the vessels and lessen the arterial tension. It should not be forgotten, however, that the effects of appressors are but transient, while the rise in the peripheral resistance—if it is brought about by digitalis—is practically continuous. Others employ strophanthus instead in these cases, because of the prevailing view that it constricts the peripheral vessels less or not at all. But if digitalis does not raise the blood pressure in man by constricting the peripheral vessels, there is no risk in administering the drug in cases of degeneration of the walls of the blood vessels or of super-normal blood pressure. The point is of great practical importance, and it is because of this that I venture to lay before the profession the results of these investigations.

Records of the measurements of the 11 cases are appended (see table on previous page).

I wish to express my most cordial thanks to my late colleagues at the Mount Vernon Hospital; to Drs. Harry Campbell, Frederick Palmer, and Purves Stewart for kindly allowing me to make observations on their patients; and to Drs. Linnell, Shinnie, and Kimbell, and Mr. Hewitt Jones for much assistance in these investigations.

A CHAIR of Medical History has been established in the University of Siena. Dr. Domenico Bartuzzi, President of the Italian Society for the Critical History of the Medical and Natural Sciences, has been appointed professor.

THE fourth Congress of the International Surgical Society will be held at New York in April, 1914 (14th to 18th), under the presidency of Professor A. Depage, of Brussels. The following questions are proposed for discussion: (1) Gastric and duodenal ulcer (reporters, Sir Berkeley Moynihan and Drs. de Quervain, Hartmann, Lecène, Mayo, and Payr). (2) Grafts and transplantations (reporters, Drs. Carrel, Lexer, Morestin, Ulmann, and Villard). (3) Technique of amputations (reporters, Drs. Binnie, Ceci, Durand, Kuzmik, Ranzi, and Witzel). In connexion with this discussion there will be an exposition of artificial limbs. All communications relative to the congress should be addressed to Dr. Ch. Willems, President of the International Committee, 6, Place St. Michel, Ghent; or to Dr. L. Mayer, 72, rue de la Loi, Brussels.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### STRANGULATED HERNIA IN AN INFANT.

I WOULD like to add another to the cases of strangulated hernia in young infants recorded by Dr. Nichols and Messrs. Dent and Nance. The mother, a primipara, was confined on May 8th, 1912, forceps being used with light chloroform anaesthesia; the child was a vigorous male about 9 lb. weight. A fortnight later it developed acute eczema, which speedily became general, and caused great irritation. On May 30th the mother noticed a swelling in the right scrotum. Next day, as the bowels had not moved for thirty hours and vomiting had set in, and the swelling could not be reduced by taxis, the infant, then aged 3 weeks, was removed to the Parramatta Hospital. Under chloroform I cut down on the sac of a right strangulated inguinal hernia containing a loop of small intestine. The bowel was very dark but fit to return. The sac contained  $\frac{1}{2}$  oz. of dark turbid fluid. The neck of the sac was incised, the bowel returned, and the neck ligatured with catgut, the edges of aponeurosis being brought together with three chromic gut sutures. The skin was sutured with horsehair and painted with collodion, and dressed with a pad of wool. In spite of the skin being in a state of acute eczema the wound healed by first intention (no preparation of the skin before operation was attempted at all), and the eczema cleared up in about ten days from the operation under the application of calamine lotion.

Two points are worth noting: (1) The strangulation was probably caused by the straining induced by the constant crying from the irritation of the eczema. The bowel was forced through an almost closed neck into a sac which had not yet undergone obliteration, hence the strangulation. (2) In spite of the eczema and the absence of preparation of the skin, the wound healed by first intention. Any application of biniodide lotion or iodine to the skin would have been folly.

E. CUTHBERT HALL, M.D., M.S.Syd.

Parramatta, Australia.

#### THE MOUTH IN MEASLES.

IN spite of the number of deaths from measles, and of the more serious light in which it has come to be regarded by medical men to-day, lay tradition for the most part looks upon measles as a trifling disorder. And one cannot but be struck by the simultaneous occurrence in every epidemic of cases presenting, on the one hand, an illness of the most trifling character, and upon the other a condition placing the patient in grave danger of his life.

Of the causative factor we are yet ignorant, but a necropsy upon a fatal case always reveals to the bacteriologist the presence of one or more pathogenic micro-organisms, not, indeed, constant in variety, but notably the pneumococcus, the streptococcus, and the *Staphylococcus pyogenes aureus*.

It is submitted that measles is a condition in which certain tissues (notably mucous surfaces such as of the respiratory and alimentary tracts) are so affected as to render them unduly susceptible to the mischief which these organisms are able to bring about; and that herein lies the danger of the disease.

I contend that the first point of entry of these micro-organisms is the mouth, and in support of this submit that, in my experience: (1) Every case of measles with severe complications (whether of bronchopneumonia or diarrhoea) has presented a mouth of exceeding foulness; (2) among my patients, since the adoption of routine cleansing of the mouth, no case brought under treatment within twenty-four hours of the appearance of the rash has had a fatal termination.

The treatment adopted is simply to order the mother or nurse to wipe out the mouth carefully but gently every four hours with a piece of clean boiled rag or lint dipped in borax or thymo-glycerine; attention is directed not only to the tongue and roof of the mouth, but especially to the inside of the cheeks and labial surface of the gums.

I claim nothing new for this method; it finds mention, among other details, in every textbook and system of medicine. But from the number of instances (both in

consultation and in conversation with other medical men) in which it would seem that this simple piece of therapeutics has been omitted, it has seemed well to set down that which I have come to regard as the most important detail in the treatment of measles, the disregard of which produces results as unhappy as they are avoidable.

St. Columb.

J. R. R. TRIST.

### THE ETIOLOGY OF BERI-BERI.

IN connexion with the recent memoranda on this subject, I wish to add my testimony to those who hold that the etiology of beri-beri is still unsolved. I have had a unique opportunity of studying this disease during an epidemic on board a survey ship carrying a native crew of over a hundred, and I can state definitely that diet had nothing to do with the spread of the disease. Of the warrant officers' mess the assistant surgeon and of the officers' mess I myself were the only members that contracted the disease; of the native crew about half suffered.

In this outbreak there were many factors indicating the infectiousness of the disease, but time forbids my giving details here. Exponents of the food-deficiency theory have proved that multiple neuritis may result from sins of omission as well as from sins of commission, but they have assumed, not proved, that the multiple neuritis arising from sins of omission is beri-beri.

One instance alone of beri-beri occurring where no fault in diet can be found, or on a diet known to be incapable of producing multiple neuritis, is sufficient to overthrow the deficiency theory, if beri-beri is a clinical entity. Now many such instances are being reported from different countries. We must conclude either that beri-beri is not a clinical entity, or that the food-deficiency theory is wrong.

Personally, I look upon beri-beri as a clinical entity and an infectious disease; and I believe that an examination of the gastric contents by a skilled mycologist will reveal the true cause of the disease. The infectiousness being of a low order, a large dose of concentrated virus is required, such as can be obtained only under conditions of overcrowding. Under good hygienic conditions beri-beri is practically unknown.

A. C. MACGILCHRIST, M.D., D.Sc., M.R.C.P.,  
Major, I.M.S.

Bengal.

### TORSION OF THE TESTICULAR CORD.

THE following case is of interest from the fact that the treatment adopted was not one which I have ever seen suggested in works on surgery.

About 11.30 one night I was called out to see a young officer who was complaining of severe pain in the left testicle and vomiting. He stated that he had suffered from an undescended testicle on the left side as a boy. On two previous occasions he had suffered from similar attacks of pain in the organ which had, however, recovered spontaneously in a few hours.

The present attack had begun suddenly while the patient was dining, and he was forced to retire to his tent, where he vomited several times. When I saw him his left testicle and cord were swollen and tender, his temperature was 97° F., and his pulse 100. A diagnosis of torsion of the testicle was made, but in view of the facts that from his history similar attacks had been recovered from, and that he would have to travel seven miles to obtain suitable conditions for operation, I at first tried palliative measures. These failed. The vomiting persisted, and the testis became more painful.

Before finally sending him to hospital manipulation was tried. Twisting the organ outwards increased the pain, so that it was rotated inwards, and after passing through nearly 180 degrees it suddenly "reduced" with a jerk not unlike that felt on reducing a dislocation. The patient experienced almost immediate relief, and beyond a slight local effusion felt quite well the next morning.

Barian, Punjab.

C. M. FINNY, M.B.,  
Lieutenant, R.A.M.C.

THE late Professor Francis Gotch, F.R.S., left estate of the gross value of £19,928, of which the net personalty has been sworn at £18,621.

THE Treasurer of the Society of Medical Phonographers has forwarded a donation of £7 7s. to the Royal Medical Foundation of Epsom College.

## Reports

ON

### MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

#### ROYAL VICTORIA INFIRMARY, NEWCASTLE- UPON-TYNE.

A CASE OF PARALYTIC ILEUS TREATED WITH PERISTALTIC  
HORMONAL.

(Under the care of Professor RANKEN LYLE.)

[Reported by J. C. YOUNG, M.B., B.S., House-Surgeon, and  
T. A. HINDMARSH, M.B., B.S., late House-Surgeon  
to Gynaecological and Skin Departments.]

THE patient, E. G., a married woman, aged 50, no children, was admitted to the Royal Victoria Infirmary on April 7th, 1913. She was suffering from a large impacted cervical fibroid; the bladder was greatly distended and there were symptoms of cystitis. The bowels were obstinately constipated.

Total hysterectomy was performed by Professor Ranken Lyle on April 14th. Owing to the tight impaction of the tumour and numerous adhesions, the operation was very difficult. On the day following the operation the temperature was 100.4°.

On April 16th the patient vomited several times, the abdomen was becoming distended, and there were signs of diffuse post-anaesthetic bronchitis. As there was evidently commencing peritonitis, vigorous measures (calomel, enemata, etc.) were taken to procure evacuation of the bowels, but without success.

On the two following days (April 17th and 18th) vomiting was frequent. The vomited matter consisted of dark brown fluid. The belly was becoming more distended, and there was marked tenderness with slight rigidity of the lower abdomen.

On April 19th the bowels were still constipated, and no flatus had been passed since the operation. Vomiting was copious and persistent. The temperature was 101° and the pulse 144. At 11 a.m. 20 c.cm. of peristaltic hormonal (as suggested by Dr. Zuelzer of Berlin) were injected intravenously. When 10 c.cm. had been slowly run in, the patient complained of pain in the head; her pupils became dilated, her pulse almost disappeared, and she became markedly cyanosed. She quickly passed into a practically unconscious condition. The injection was hurriedly completed, and 1 c.cm. of pituitary extract and  $\frac{1}{2}$  gr. of strychnine were then injected into the same vein. After about two minutes the cyanosis disappeared and the patient rallied. Before the full quantity (20 c.cm.) had been injected there was a very audible passage of flatus; five hours after the injection a copious motion was passed, and this was repeated thrice later in the day.

On the day following injection (April 20th) the patient's general condition was much improved; the pulse was reduced to 120 and the temperature to 98.4°; the abdominal distension was much less marked, and she passed several more motions with free escape of flatus. Vomiting had not occurred since the injection.

On April 21st the chest condition, unfortunately, became much worse. The bowels, however, continued to act freely, and the distension had almost disappeared. Rigidity and tenderness were very slight. On April 22nd the chest condition gradually became worse, and the patient died on the evening of April 23rd, the bowels having continued to act frequently up till six hours previous to death.

*Post-mortem Examination.*—There was diffuse bronchitis and oedema of the lungs, with patches of bronchopneumonia at the bases. There was definite pelvic peritonitis, and several coils of small intestine lying in the pelvis were covered with lymph. One or two small pockets of pus were also found. The action of the hormonal in overcoming the paralysis and distension due to the peritonitis was completely satisfactory. The dangerous symptoms immediately following the injection gave rise to considerable anxiety, and seem to be the only drawback to the use of the drug. These symptoms—fall of blood pressure, etc., due presumably to vaso-dilatants—were successfully combated by the vaso-constrictor action of the pituitary extract and by the strychnine.

We have to thank Professor Ranken Lyle, under whose care the patient was, for permission to publish these notes.

## Medico-Legal.

### THE QUESTION OF CONSENT TO OPERATION.

WUPAN writes: In the case of a boy, say, aged 15 to 17, suffering from an ordinary inguinal hernia, his parents having given their consent for operation but he being unwilling, can he be made to undergo the operation?

\* As the boy is over 14 years of age, and has arrived at what at law is called "years of discretion," it would be very unwise of a medical practitioner, except in a case of urgent necessity, to perform an operation without his consent. After the age of 14 an "infant" at law is competent to perform certain legal acts, and his consent should be obtained before performing any operation that is not imperative.

### CERTIFICATES FOR INSURANCE COMPANIES AND CLUBS.

M. H. F. writes: What is the usual custom among medical men about certificates asked for by relatives of deceased for insurance companies and the clubs? These certificates are asked for when they come for ordinary death certificate. I refuse them, because by giving them one does the registrar of deaths out of a few shillings. I find the people are quite willing to pay me for these certificates.

\* It is the usual custom among medical men to refer applicants for such certificates to the registrar, as that official only can give certificates that are legally valid. In all cases where insurance money is claimed by the executors of deceased persons, it cannot be legally paid over without a certificate which shall embody therein evidence that the death has been properly registered, and only the local registrar can certify as to this.

## The Services.

### THE ROYAL NAVY MEDICAL SCHOOL.

THIS school was established at the Royal Naval College, Greenwich, on the recommendation of the Durnford Committee, it being considered desirable that the Naval Medical Service should, through its school, be in touch with the principal civil medical schools and institutions in London, should have opportunities of making use of the chemical laboratories at the college, and should be in close proximity to the Dreadnought Seamen's Hospital and the London School of Tropical Medicine. It is situated in the Queen Anne block of the college, and was opened on May 1st, 1912. It consists of a lecture theatre, laboratories, research rooms, museums, animal rooms, and all the necessary rooms for the study and teaching of general and naval hygiene, clinical pathology, tropical medicine and microbiology.

In conjunction with the Medical School at the Royal Naval Hospital at Haslar, it serves the same purpose in the Royal Navy as the Royal Army Medical College at Millbank does in the army. There are three distinct courses laid down, and each of these occurs twice a year. The courses are: (a) For Acting Surgeons, of two months' duration, the remaining four months being spent at Haslar; (b) for Surgeons, prior to examination for promotion to Staff Surgeon, of five months' duration; (c) for Senior Medical Officers—namely, Fleet Surgeons and Senior Staff Surgeons—of three months' duration. The average number of officers undergoing these courses is about 80 per annum.

The teaching staff, which will probably be augmented in the near future, is at present as follows: Professor of Microbiology, etc., Fleet Surgeon P. R. Bassett-Smith, R.N., C.B., M.R.C.P.Lond., M.R.C.S.Eng., L.S.A., Dipl.Trop.Med. and Hygiene Camb.; Professor of Hygiene, etc., Fleet Surgeon A. Gaskell, R.N., F.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Lond.; Professor of Chemistry, Professor Vivian Lewes, F.I.C., F.C.S.; Instructor of Chemistry, J. S. S. Brame, Esq., F.C.S.; Director of Medical Studies, Fleet Surgeon A. Gaskell, R.N.

### ROYAL ARMY MEDICAL CORPS (T.F.).

#### FIRST LONDON DIVISION.

THE annual training of the field units of the Royal Army Medical Corps, First London Division (T.F.), took place on Salisbury Plain in August, under the direction of Colonel J. Harper, M.D., A.D.M.S. The following units attended: First Field Ambulance, Lieutenant-Colonel R. R. Sleman, V.D., M.D.; Second Field Ambulance, Lieutenant-Colonel W. Salisbury Sharp, M.D., F.R.C.S.I.; Third Field Ambulance, Lieutenant-Colonel J. R. Whit, M.D.; and the First Sanitary Company, Major L. T. Bryett, M.D. During the training the units were inspected in field work by Colonel M. W. O'Keeffe, M.D., Inspector of Medical Services (War Office), who expressed himself as pleased.

On Saturday, August 9th, the sports competition took place. Such events as driving, tug of war, operating, and bell-tent

pitching, and V.C. races were held. The judging was done by Colonel T. J. O'Donnell, D.S.O.; Army Medical Staff, who awarded the challenge cup presented by Major E. Miles, F.R.C.S., to the First Field Ambulance, who won by 110 points. This unit has now won the cup three years in succession.

On Tuesday, August 12th, the three Field Ambulances competed for a handsome challenge vase presented by Major E. Waggett, M.B., which is given for tactical medical training. The scheme arranged by the general staff was that Sidbury Hill and Tidworth Pennings had been occupied by the advanced guard of a Red force, with pickets on Windmill Hill.

The three Field Ambulances formed part of the White force which attacked Sidbury Hill and Tidworth Pennings at dawn. Later on in the morning the Red force retired, and the three field ambulances established dressing stations and tent sections. Commanders of sections were required to hand in at the rendezvous their appreciation of the situation and a copy of all orders issued by them. The work was generally well done and was most interesting; each section turning out just as if mobilized for active service. The judges were Colonels T. J. O'Donnell, D.S.O., and G. S. McLoughlin, D.S.O. When the work had been finished the two examiners met and awarded the vase to the First Field Ambulance and afterwards criticized the work.

The winning section was commanded by Major E. W. St. Vincent-Ryan, who had as his officers Captains A. Elliot, M.D., M.R.C.P., and D. C. L. Fitzwilliams, F.R.C.S.

### TERRITORIAL FORCE.

THE KING has conferred the Territorial Decoration upon the following officers of the Territorial Force, R.A.M.C.: Lieutenant-Colonel William S. Sharpe, M.D., Second London (City of London) Field Ambulance; Lieutenant-Colonel Eustace M. Callender, M.D., Second London (City of London) General Hospital; and Captain John Bradford and Captain Hugh Dickie, Retired List, attached to units other than medical units. Surgeon-Major Thomas H. Dickson, M.B., Retired List, Fifteenth (City of London) Battalion, London Regiment (Prince of Wales's Own, Civil Service Rifles) has also received the decoration.

## Medical News.

ON the occasion of the opening of the winter session in the Faculty of Medicine of the University of Birmingham on October 7th an evening reception will be given by the Dean and other officers of the Faculty, and an address on present-day problems relating to the antiquity of man will be delivered by Professor Arthur Keith, F.R.S.

THE annual dinner of the old students of St. Bartholomew's will take place on Wednesday, October 1st, in the Great Hall of the Hospital, Dr. Howard Tooth being the chairman. The corresponding events at St. George's, at St. Thomas's, and the Middlesex will also take place on October 1st, the respective chairmen being Mr. Adams Frost, Dr. H. P. Hawkins, and Sir J. Kingston Fowler.

A SHORT course of training lectures on tuberculosis for women sanitary inspectors and health visitors and those whose duties include the visiting of cases of phthisis will be delivered at the Royal Sanitary Institute on Wednesdays during October by Dr. J. E. Squire. The fee for the course is 5s., and further particulars can be obtained from the Secretary of the Institute at 90, Buckingham Palace Road, London, S.W.

THE eighty-fifth meeting of German Naturalists and Medical Practitioners will be held, as already stated in the JOURNAL, at Vienna in September (21st to 28th). The chief medical feature of the meeting will be a general address on the prophylaxis of diphtheria by Professor von Behring of Marburg. Among other important communications promised are the development of the light and colour senses in the animal kingdom by Professor von Hess of Munich; vision by Professor O. Lummer of Breslau; and the problem of race crossing in man by Professor E. Fischer of Marburg.

SIR JAMES WHITNEY, Prime Minister of Ontario, at the opening ceremonies of the new Toronto General Hospital on June 19th, stated that it had been decided to appoint a commission to investigate the whole subject of medical education and the practice of medicine in Ontario, the object being to acquire information upon which to base legislation for every imaginable application, in order to regulate and control all the interests of the province. The term "medicine" will include all places and means of alleviating or curing human defects, disorders, diseases, or wounds. The investigation will include osteopathy, dental schools, nurses, training schools, as well as opticians and their training. It will also include the practice of any branch of medicine by Christian Scientists or by any other class or sect.

Stewart, and others who added to the glory of that famous school. Dr. Bishop commenced practice at Davenport House, Stalybridge, about fifteen years ago. For many years he acted as honorary secretary of the Ashton Branch of the British Medical Association, and his self-sacrificing devotion to the interests of his profession led him to throw himself heart and soul into the struggle over the Insurance Bill while it was before Parliament. Illness compelled him to resign his secretarial work early this year. The loss of his only child, a little daughter, was a great blow to him, and probably had a serious influence upon his own health. This and his resolution in performing his professional work when long rest and change of climate were urgently called for doubtless hastened his end. His loss is greatly mourned by his patients, who found in him not only a skilful doctor but a sympathetic friend. The funeral, which took place on August 28th, was largely attended. In Dr. Ramsay Bishop, absolutely straightforward and gentle as he was, but firm when duty called for the exercise of that quality, the profession has lost a man of a type that can ill be spared.

WE regret to announce the death of Dr. SEVERIN LACHAPELLE of Montreal, which occurred suddenly a short time ago at Montreal in the 64th year of his age. He was born in 1850, and while studying at the Montreal College he joined the Canadian band of volunteers which was sent to Italy to join the forces gathered against Garibaldi. After two years of service he returned to Canada to complete his studies at the Victoria College of Medicine. In 1874 he began to practise at St. Constant, Quebec; two years later he removed to St. Henri, where the remainder of his life was spent. He took special interest in diseases of children, and gave much attention to the prevention of infant mortality. He was professor of medicine at Laval University, and superintendent of the Montreal Crèche. He was for a time Mayor of St. Henri, and from 1892 to 1896 was Conservative member of Parliament for Hochelaga.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Bernhard Bardenheuer, the distinguished surgeon of Cologne; Dr. Borne, representative of the Doubs in the French Senate; Dr. L. Bourget, professor of therapeutics and pharmacology in the University of Lausanne, and joint author with Dr. S. Rabow of a work in German, *Lehrbuch der Arzneimittellehre* (Berlin, 1897), aged 57; Professor Victor Fossel, Emeritus professor of the District Lunatic Asylum of Graz; Professor Max Kassowitz of Vienna, one of the leading authorities in children's diseases, a prominent advocate of temperance in Austria, and a stalwart champion of vaccination, aged 71; Professor Naecke, a distinguished psychiatrist, director of the Royal District Asylum of Colditz (Saxony); Professor Rieder Pasha, formerly director of the Galhane Hospital, Constantinople, aged 52; and Dr. Preiser, the well-known orthopaedist of Hamburg, aged 36.

## Public Health.

### ENTERITIS AND DUST REFUSE.

THE Southwark Board of Guardians has been dealing with a serious outbreak of enteritis amongst the children at its infirmary. There have been 23 cases and 6 deaths, and Dr. H. W. Bruce, the medical superintendent, attributes the outbreak to refuse poisoning. In close proximity to the infirmary the Camberwell Borough Council has a refuse shoot on a railway siding, and the dust from this is blown into the institution. In addition the infirmary has been infested with flies, which have invaded the kitchen and stores, as well as the wards. Three years ago an unsuccessful attempt was made to induce the Camberwell Borough Council to abate the nuisance, and again an endeavour is being made to secure the abatement of the nuisance and the removal of the refuse tip. A month ago the facts were laid before the Local Government Board, and on August 25th Dr. Fletcher, one of their medical officers, visited the infirmary and inspected the dust heap. His report has not been presented to the guardians, who are desirous that the nuisance and cause of the outbreak shall be immediately removed. At their meeting on September 4th the clerk was instructed to communicate by special messenger with the Local Government Board, with a view to getting an early reply, which will be referred to the Infirmary Committee, which has received power to deal with the matter at once.

## Letters, Notes, and Answers.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

"NICOTINE" asks for any facts in support or contradiction of the prevalent idea that cigarette smoking is more harmful than other forms, and in what the special harm consists.

C. E. L. would be glad to hear of an open-air school or sanatorium, moderate fees, suitable to an intelligent boy of 9 with asthma, where education can be carried on with due regard to health.

I. Z. I. writes: I would be obliged if any one could tell me of a better solvent for hard wax than warm oil. I mean the sort that has got so hard it can only be got away in small bits by prolonged syringing, and upon which oil seems to have no solvent power.

G. V. P. writes: Would any of your readers enlighten me on the following points: (1) Issalvarsan advisable in a case of inherited interstitial keratitis in a young man aged 18? Has it become a routine treatment in ophthalmic practice, and, if not, what are its drawbacks? (2) Chopped garlic, rubbed into the axillae, has a great reputation amongst malingerers for producing a considerable rise in temperature, and thus soldiers and others using it in this way are enabled to avoid service and to be placed on the sick list. Is there anything published on the subject?

A. J. writes: I should be much obliged for some hints how to treat the following case: Mrs. D. about nine weeks ago had her hat set on fire. She had a burn of the third degree, about the size of the hand. In due time I skin-grafted, and the wound covered completely over. Unfortunately she scratched a piece of the new skin off, and the wound spread rapidly until I put on boric compresses. Now the skin thickens in patches and comes off, leaving a raw surface, which takes some time to heal up. The itching is intolerable. I have tried boric compresses, boric ointment, scarlet ointment; but nothing seems to prevent the skin from coming off. I may state that otherwise she is perfectly healthy.

### CITRATED MILK FOR INFANTS.

W. M. S. writes: I should be obliged if you will send me a good paper on "Citrate Milk for Infants." I do not want a paper describing how to give it, but one giving the reasons for its use.

\* \* The use of sodium citrate in infant feeding was first suggested by Sir Almroth Wright, who believed that its use would lead to the formation of a casein clot of less density within the stomach. Certainly the addition of three or more grains of sodium citrate to each ounce of milk in the test tube prevents the formation of the usual dense calcium-casein clot. The chemistry of this process has not yet, we believe, been thoroughly explained, and we know of no paper which deals at all fully with this aspect of the question. Numerous papers have appeared from time to time proclaiming the successful results of its use. The first was that read at a meeting of the British Medical Association in July, 1905, by Dr. F. J. Poynton. As a rule, the use of sodium citrate has been combined with the prescription of undiluted milk and the abandonment of the practice of enriching the mixture with large amounts of sugar. It is difficult to avoid the conclusion that some of the good effects of the change is due to the adoption of the whole-milk feeding. For the good effects of undiluted milk reference should be made to Professor Budin's famous book, *The Nursing*, which has been translated into English. Moreover, at the present day, the opinion is becoming generally held, especially in Germany and America, that the digestion of protein is comparatively seldom at fault in infants, and that the disturbing factors are mainly the fatty acids formed in excess by the fermentation of fats and sugar. The pharmacological action of sodium citrate is that of a mild antacid and saline cathartic.

### ANSWERS.

#### PURCHASE OF MEDICAL PRACTICE.

SENEX.—1. The purchase price of a medical practice will vary with the class of practice. The average purchase price would be from one to two years' purchase. 2. A twelve months' introduction would be better than a six months' introduction, but would not necessarily raise the price of the practice. 3. The purchase price is usually based on a three years' average of the gross receipts. 4. The purchase price of many practices has been greatly affected by the Insurance Act, which in some cases has made them practically unsaleable. 5. Either the purchaser buys them at a valuation,